FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



321127

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SE	SEC USE ONLY						
Prefix	Serial I						
DA.	E RECEIVED						

Name of Offering: DUNE CAPITAL INTER	RNATIONAL LTD.:	Offering of Ordina	y Shares		
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule 505	▼ Rule 506	☐ Section 4(6) ☐ ULOE	
Type of Filing:	New Filing	☐ Amendment		PROCES	SEU
	A. B	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the i	ssuer			MAR 2 V	<u> </u>
Name of Issuer (check if this is an ar DUNE CAPITAL INTERNATIONAL LTD		s changed, and indica	ite change.)	THOMS	
Address of Executive Offices c/o Maples Finance Limited, Queensgate He Town, Grand Cayman, Cayman Islands	·	and Street, City, Stat F, South Church St		Telephone Number (Including Area FINANC 345-814-5829	IAL
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)					
Brief Description of Business: To operate	as a private investn	ent fund.			
Type of Business Organization					
□ corporation	☐ limited partner	ship, already formed	🗵 other (p	lease specify): A Cayman Islands exempted compa	ny
□ business trust	☐ limited partner	ship, to be formed			
Actual or Estimated Date of Incorporation or C	Organization:	Mont 1	h Yea	4 E Actual Estimated	
Jurisdiction of Incorporation: (Enter two-lette CN for Cana	r U.S. Postal Service A da; FN for other foreig			F N	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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		A. BASIC IDENTIFI	CATION DATA						
2. Enter the information	requested for the foll	owing:	*						
• Each promoter of the	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and ma	Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner			
Full Name (Last name first, if in MNUCHIN, STEVEN T.	dividual)					<u> </u>			
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
c/o Dune Capital Partners II L	.P. 623 Fifth Avenue	, 30th Floor, New York, NY 100	22						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	ĭ Director		General and/or Managing Partner			
Full Name (Last name first, if in	idividual)								
SOMERVILLE, SCOTT									
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
c/o Maples Finance Limited, Q	Queensgate House, P.O	O. Box 1093GT, South Church	Street, George Town, Gra	nd Cayman, Cayma	n Islan	ds			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner			
Full Name (Last name first, if in	idividual)		· ·						
PINKERTON, TONI									
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
c/o Maples Finance Limited, Q	Queensgate House, P.G	D. Box 1093GT, South Church	Street, George Town, Gra	nd Cayman, Cayma	n Islan	ds			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)								
GROSVENOR INSTITUTION	NAL PARTNERS, LI	MASTER SERIES							
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
227 W. Monroe Street, Suite 4	800, Chicago, Illinois	60606							
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)	·							
GROSVENOR MASTER FUN	ND, LTD.								
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
c/o CIBC Bank and Trust Cor	mpany (Cayman) Lin	nited, P.O. Box 694GT, Edward	Street, Grand Cayman, C	Cayman Islands					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)								
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)								
						ù			
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
	(Use blan	k sheet, or copy and use additiona	al copies of this sheet, as nec	essary.)					

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					В. І	NFORMA	TION A	BOUT O	FFERING	}				
													Yes	No
1.	Has the issuer	sold, or do	oes the issue	er intend to	sell, to non	-accredited	investors i	n this offeri	ng?			***************************************		\boxtimes
					Answer	also in App	endix, Col	umn 2, if fi	ling under I	JLOE.				
2.	What is the m	inimum in	vestment th	at will be a	cepted fro	m any indiv	idual?	• • • • • • • • • • • • • • • • • • • •	••••••			•••••	\$ <u>5,000,</u>	<u>000*</u>
*((or any lesser a				,								Yes	No
3.	Does the offer		-	-	-									
4.	Enter the info	purchaser	s in connec	tion with s	ales of sec	urities in th	ne offering	. If a perso	on to be lis	ted is an a	ssociated p	erson or ag	ent of a broke	er or dealer
	registered with a broker or dea								i more than	11ve (3) pe	rsons to be	iisted are a	ssociated pers	ons of such
Full	Name (Last na													
	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
NO					<u> </u>	~ ~	***							
Busi	iness or Residen	ice Addres	s (Number	and Street,	City, State,	Zip Code)								
Nam	ne of Associated	l Broker or	Dealer											
4							· · · · · · · · · · · · · · · · · · ·							
State	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	t Purchasers	:							
	(Check "All S	tates" or cl	heck individ	iual States)						•••••		************	🗖 All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	Name (Last nai				[17.]	[01]	[7 1]	[• • • • • • • • • • • • • • • • • • •	[1771]	[14.4]	[177.1	1,4,7,1	[11()	· · · · ·
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					<u> </u>	~ ~ .								
Busi	iness or Resider	ice Addres	s (Numbe	r and Stree	i, City, Stat	e, Zip Code	:)							
Narr	ne of Associated	i Broker or	r Dealer											
State	es in Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchasers	1							
	(Check "All S	tataa" am al	haale individ	lual Ctatas)										tatas
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	{FL}	[GA]	[HI]	[ID]	iaics
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)										•	
									,					
Busi	iness or Resider	nce Addres	s (Numbe	r and Street	, City, Stat	e, Zip Code)							
Nan	ne of Associated	i Broker or	Dealer											
State	es in Which Per	son Listed	Has Solicit	ed or Intend	is to Solici	t Purchasers								
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	(Check "All S			^		[CO]	[CT]	(DE)		fer i		[HI]	🗖 Ali St	ates
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wɪ]	[wyj	[PR]	
				(Use bla	nk sheet, o	r copy and ι	ise additior	nal copies o	f this sheet,	as necessar	ry.)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (specify) Ordinary Shares	\$ 500,000,000	\$ 169,600,000
	Total	\$ <u>500,000,000</u>	\$ <u>169,600,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors		\$ <u>169,600,000</u>
	Non-accredited Investors	N/A	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	T	Dollar Amount
	Rule 505	Type of Security	Sold
	Regulation A.		\$ <u>N/A</u> \$ <u>N/A</u>
	Rule 504		\$ N/A
	Total	N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	AVG	<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.	🗵	\$ 55,000
	Accounting Fees	🕱	\$ 10,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) (Marketing; travel; blue sky regulatory fees)		\$ <u>10,000</u>
	Total	X	\$ <u>75,000 (3)</u>

- (1) The Issuer is offering an indefinite amount of Ordinary Shares. The amount reflected is provided for the purpose of filing this Form D.
- (2) The amount and number sold reflect sales to U.S. and non-U.S. persons.
- (3) The amount reflects an estimate of initial costs only.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggrega total expenses furnished in response to Part C - the issuer."	\$ 499,925,000			
5.	the purposes shown. If the amount for any purp	s proceeds to the issuer used or proposed to be used for each of cose is not known, furnish an estimate and check the box to the listed must equal the adjusted gross proceeds to the issuer set			
			Payments to Officers, Directors, and Affiliates	Payments to Others	
	Salaries and fees		X \$_(4)	□ \$	
	Purchases of real estate		□ \$	□ \$	
	Purchase, rental or leasing and installation of ma	achinery and equipment	□ \$	□ \$	
	Construction or leasing of plant buildings and fa	□ \$	□ \$		
	Acquisition of other businesses (including the vimay be used in exchange for the assets or securi	alue of securities involved in this offering that ties of another issuer pursuant to a merger)	□ \$	□ \$	
	Repayment of indebtedness		□ \$	□ \$	
	Working capital		□ \$	□ \$	
	Other (specify): <u>Investments</u>		□ \$	\$ <u>499,925,000</u>	
	Column Totals		× \$_(4)	× \$499,925,000	
	Total Payments Listed (column totals added)	≥ \$499,925,000			
	Dune Capital Partners II LP, an affiliate of the Issected in the Issuer's confidential offering document	tuer which serves as the investment manager, will be entitled to rents.	eceive a management fi	ee at a quarterly rate as	
_					
_		D. FEDERAL SIGNATURE			
ın ı		the undersigned duly authorized person. If this notice is filed uncurities and Exchange Commission, upon written request of its staff Rule 502.			
	er (Print or Type)	Signature	Date	15	
	ne of Signer (Print or Type)	Title of Signer (Print or Type)	March 15, 200	13	
D	Steven T. Mnuchin	Director			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)